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APPLICANTS

Francesco Orlandi, Palermo, ITALY;
 David Krantz, Bayside, NY;
LAC

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<i>John C. Law</i> <i>LAC</i> Examiner's Signature Initials
STATE OR COUNTRY	ITALY
SHEETS DRAWING	3
TOTAL CLAIMS	30
INDEPENDENT CLAIMS	4

ADDRESS

DANIEL P. BURKE, ESQ.
 DANIEL P. BURKE & ASSOCIATES, PLLC
 Suite 131
 300 Rabro Drive
 Hauppauge, NY11788

TITLE

Multi-marker screening protocol for fetal abnormalities

FILING FEE RECEIVED 1391	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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